

# GROVEDALE PRIMARY SCHOOL

## Additional Permissions—2025

STUDENT NAME: \_\_\_\_\_ HOME GROUP: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

### LOCAL VISITS AND EXCURSIONS

I hereby give permission for my child to participate in any local visits, excursions or other school activities within a 3km radius of Grovedale Primary School. I understand that I will receive adequate notice of any visits etc that are being planned by the school.

In the event of accident or illness to my child, I authorise the teacher in charge of the excursions to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### USE OF CLASS SETS/LIBRARY BOOKS

In the event of my child damaging or losing a school text/library book, I will replace the book or reimburse the school for the required amount.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### SCHOOL PROMOTIONS AND PHOTOGRAPHS

Photographs/videos of students are taken during learning experiences, special activities, events, sports, excursions, incursions and for publicity. Hence cooperation is sought to use such material to recognise and promote student participation and achievement in both the Grovedale Primary School and wider communities.

I give consent

I do not consent

- for my child's photograph/video and work to be taken for use in school / DET publications and promotional materials, including (but not limited to) the school newsletter, website and Facebook page, DET magazines and local newspapers.

**Note:** Students will only be identified by their first name unless otherwise stipulated for an individual purpose.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### HEAD LICE CHECKS

Head lice can be an issue at schools and from time-to-time checks need to be conducted. We do not require authorisation for visual checks, however, in order to reduce outbreaks, physical checks may also need to be completed.

I give consent

I do not consent

- for Grovedale PS staff to conduct physical head lice checks as required. NOTE: Students must be collected from school if they have live head lice as per DET requirements.

Signed \_\_\_\_\_ (Parent/Guardian) Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PRIVACY INFORMATION

The personal information that you provide on their agreement form will only be accessed by your child's classroom teacher and the administration office at Grovedale Primary School. This information will not be supplied to any other party.